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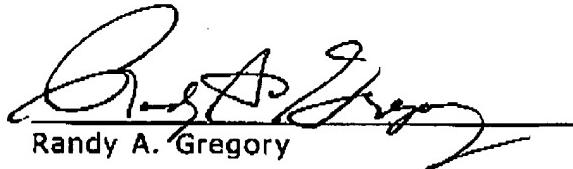
Re: Application Serial No. 09/927,607 filed August 10, 2001
 Inventorship: Sines, et al.
 Assignee: Digideal Corporation
 Group Art Unit 3711; Examiner Benjamin Layno
 Title: Gambling Gaming System and Methods

Dear Examiners Marcus and Layno:

Transmitted herewith are the following:

1. Transmittal Letter with Certificate of Transmission included
2. Fax Cover Sheet
3. Response to June 23, 2004 Office Action
4. Supplemental Declaration of Inventors for Reissue Patent Application Serial No. 09/927,607 filed August 10, 2001

Best Regards,


 Randy A. Gregory

Dated: Sept. 12, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/927,607
Filing Date August 10, 2001
Inventorship Sines et al.
Assignee Digideal Corporation
Group Art Unit 3711
Examiner Benjamin Layno
Attorney's Docket No. FL12-047
Title: Gambling Game System and Methods

Transmittal Letter and Certificate of Transmission

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
From: Randy A. Gregory
Gregory I.P. Law
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Enclosed are:

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Small Entity Status is claimed.

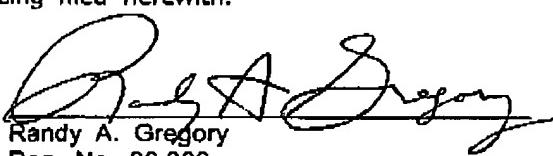
Large Entity Status Applies.

Authorization Re: Deposit Account: The undersigned hereby authorizes the Patent and Trademark Office to charge Deposit Account 502881 for any fees or to credit any overpayments in connection with this application and the papers being filed herewith.

Date: Sept. 13, 2004

By:

Randy A. Gregory
Reg. No. 30,386

CERTIFICATE OF TRANSMISSION

I hereby certify the items listed above as enclosed are being facsimile transmitted to the Assistant Commissioner for Patents on the below-indicated date.

Dated: 9/13/04

Signature:
Name: Jane E. Boone



| APPLICANT'S CALCULATION OF TOTAL FEES DUE | | | | | | |
|---|--|----------------------------|--|---|-------------------------------------|----------------------------------|
| FEE TYPES | | | | | | Amount (\$) |
| BASIC FEE (\$770/385) | | | | | | |
| CLAIMS FEES | Number of Claims Remaining After Any Amendment | Minus the Larger | | Equals | Times Rate (\$) | |
| | | Number Allowed in Base Fee | Number of Claims For Which Fees Have Been Paid | Excess Claims For Which Fees Are Now Due | | |
| Total Claims | | 20 | | | 18 | 9 = |
| Indep. Claims | | 3 | | | 86 | 43 = |
| EXTENSION FEES (\$) An extension of a shortened statutory time for response under 37 CFR 1.136(a) is requested as indicated or as necessary to maintain the pendency of this application. | | | | 1 Month 2 Month 3 Month 4 Month 5 Month | 110 420 950 1,480 2,010 | 55 210 475 740 1,005 |
| Any Extension Fee Believed Needed | | | | | | 55 |
| ANY OTHER FEES | | | | | | |
| | | | | | | |
| TOTAL FEES OWED (Charge Deposit Account #502881) | | | | | | 55 |